Aroostook Band of Micmac Indians APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, national origin, age, marital status, or the presence of a non-job related medical condition or handicap. American Indian Preference does apply.

(PLEASE PRINT)	Date of	application	
Position applied for:			
Referral Source:	_Advertisement	Friend	
	_Relative	Walk-In	
	_Employment Agency	Other	
Name:			
Last	First	M	iddle
Address:Street/P.O. Box		City	
Street/P.O. Box		City	Zip
Telephone:			
Are you a member of a Governr Tribal Affiliation: (Proof of tribal affiliation is require Are you under age 18? If yes, can you furnish a work perr Have you applied with this office	d upon employment.) _YesNo mit?Yes	No	
Have you been employed here I	before?Yes	No	
May we contact your present er	mployer?Ye	sNo	
Are you prevented from lawful estatus?Yesemployment.)			
When would you be available to	start work?		
Are you available to work:	Full Time		Part Time
Shift Work			_Temporary
Are you on lay-off or subject to	recall?Yes	No	
Are you available to travel if rec	quired? Yes	No	

Aroostook Band of Micmac Indians APPLICATION FOR EMPLOYMENT—Page 2

Do you hold a current and valid driver's license? If yes, please list: License number				
Have you been convicted of any motor vehicle violation	ons in the past	5 years?		
YesNo				
If yes, please explain				
Have you been convicted of a crime or pled guilty, "noNo	olo," or no con	test?		
If yes, please explain				
Is there criminal action currently pending against you?	Yes	No		
If yes, please explain				
Have you ever had a professional or business license or o	certification revo	ked or suspended or		
have you ever voluntarily surrendered a professional or be	usiness license	or certificate?		
YesNo If yes, please explain				
SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS:	S, VIETNAM ERA	VETERANS AND		
If you wish to be identified, please sign below:				
HandicappedDisabled Vetera	ın	Vietnam Era Veteran		
Signed:				
U.S. Military Veteran?YesNo Bran	ch:			
Dates of service: to Job re	elated training:			
Do you have any physical or mental impairment or disability that would limit your job placement and/or enable you to perform your job to maximum capacity?				
YesNo. If yes, please indicate:				
Indicate what foreign/native language you speak, read	d and/or write			
Fluently	Good	Fair		
Speak				
Read				
Write				
List professional, trade, business or civic activities ar indicate race, color, religion, sex or national origin):	nd offices held	(exclude those which		

Aroostook Band of Micmac Indians APPLICATION FOR EMPLOYMENT—Page 3

Address

Name

Give the names, addresses, and phone numbers of three persons not related to you, whom you have known at least one year.

Phone

Years Acquainted

1.						
2.						
3.						
Describe any specialized skills relating to the position applied for, i.e. typing, word-processing, type of driver's license, etc.:						
Employment—Start with	th present or la	st employer:				
Company name:	Telephone:					
Address:	Job title:					
Employed from	toName of supervisor:					
Describe your work:						
Weekly pay: Start	Last Reason for leaving:					
Company name:	Telephone:					
Address:	Job title:					
Employed from	to Name of supervisor:					
Describe your work:						
Weekly pay: Start	Last Reason for leaving:					
Company name:	Company name: Telephone:					
Address:	Job title:					
Employed from	to	to Name of supervisor:				
Describe your work:						

Weekly pay: Start_____ Last____ Reason for leaving:_____

Aroostook Band of Micmac Indians APPLICATION FOR EMPLOYMENT—Page 4

Education

Level	Name/Location of School	Graduate?	Course of Study			
High School						
College						
Trade School						
Describe any extra curricular activities or volunteer work you feel may be helpful to us in considering your application:						
"I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that, if employed, falsified statements on this application may result in discharge. I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision. I understand that I am to abide by all rules and regulations of the Aroostook Band of Micmac Indians. I understand that this application will be considered active for a time period not to exceed (6) six months. An applicant wishing to be considered for employment beyond that time should reapply."						
Signature		Date	e			
Comments:						